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ABSTRACT

A successful alcoholism counselor needs to have a suitable personality, the proper training, and a realistic idea of what it is like to work in the field. In order to assess the necessary personal qualities and training, and to obtain firsthand information about working as an alcoholism counselor, alcoholism counselors and supervisors (N=50) participated in a survey by answering open-ended questions either in interviews or in writing. Perusal of the data indicated that desirable personal qualities included open-mindedness, empathy, honesty, and nondefensiveness. Rigidity, anger, and hostility were among the undesirable traits. Desired qualifications included sobriety, an associate degree with an emphasis on alcoholism, and some experience either in an internship program or as a volunteer. The results indicated the need for additional research using a larger sample and tighter research design. (AG)

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So, You Want To Be An Alcoholism Counselor?
(Revised)

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So, You Want to Be an Alcoholism Counselor?

It is a common experience for those of us who work in alcoholism treatment programs, or in vocational rehabilitation with recovering alcoholics, to be asked this question: "I want to be an alcoholism counselor; how do I do it?" The answer to this question cannot be as simple as the questioner would like it to be. We must back up and determine whether the person is suited to a career as a counselor. If he or she does have the right personality and interests, then it must be determined what training and/or experience are needed to qualify him or her for employment. In addition, the prospective counselor needs to know realistically what it is like to find a job and work in the field. Knowledge of both the rewards and the hazards of this kind of work is necessary to help a person decide if he or she really wants to be an alcoholism counselor.

Before telling a person if he or she is suited to a career as a counselor, we need to know what kinds of people should and should not be counselors. To explain what one needs to do to become qualified to work as a counselor, we need to know what kinds of training and experience are required for most starting counselor positions. To describe what it is like to work in the field, we need to know firsthand what the work is like, in a variety of settings. Unfortunately, this information is not readily available. This survey represents a beginning effort to collect the information.

Method

We surveyed 39 working alcoholism counselors and 11 supervisors in 8 hospital-based Southern California alcoholism treatment programs. The counselors and supervisors answered standardized, open-ended questions, either in writing or in one-to-one interviews with the investigators. This was a preliminary survey aimed at freely exploring our subjects' knowledge and opinions. While this approach is methodologically "loose," it nevertheless provided many valuable and interesting insights.

Results

Who Should Be Counselors

Supervisors were asked what background factors were desirable in candidates for employment as counselors. Both supervisors and counselors were asked what personal qualities were needed to be a good counselor. Background factors mentioned by supervisors, and the number of times they were mentioned, are as follows: Strong recovery program (8 times); at least two years sober, if alcoholic (7 times); prior supervised practical experience in alcoholism counseling (4 times); and personal experience with the disease, either as alcoholic or family member (3 times).

The most frequently mentioned desirable personal qualities given by the supervisors were: Ability to listen open-mindedly (6 times); caring about other people (4 times); ability to get along well with others (3 times); being well-balanced emotionally and in terms of commitments and interests (3 times); warmth (3 times); and the ability to be confrontive (3 times). Other personal qualities mentioned by the supervisors were: integrity, honesty, empathy, ability to self-disclose, and personableness.

Personal qualities which the counselors felt were important to being a counselor are as follows: Empathy (24 times); good communication skills (9 times); honesty (8 times); awareness of one's own limitations (8 times); ability to be confrontive (7 times); and being nonjudgemental (7 times). Other personal qualities mentioned by the counselors included patience, a balanced perspective, and flexibility.

Who Should Not Be Counselors

Supervisors were asked what background and personal characteristics made for bad counselors. Background characteristics they mentioned were: Still abusing substances and/or codependent without treatment (4 times); too early in recovery--generally meaning less than 2 years of sobriety (3 times); and persons with the wrong training--psychiatric, corrections, or social work (2 times). Other background characteristics mentioned included fundamentalist Christian religion, "computer types," and lack of any experience with alcoholism.

Personal traits which the supervisors linked with those who should not be counselors included: Being rigid, dogmatic, and judgemental (6 times); being controlling, a "do-gooder," or a "rescuer" (5 times); having untreated personal problems (3 times); not being a "team player," being a gossip, or otherwise having poor interpersonal skills (2 times); and others, including inability to handle own or others' feelings, being a poor role model for patients, and manifesting an obvious compulsive or addictive problem, such as overeating, etc.

Qualifications

Supervisors were asked what the minimum requirements were in their

programs for starting grade alcoholism counselors. Their answers were in four categories: Educational requirements, past work experience, length of sobriety, and requirements for an ongoing recovery program.

Educational requirements varied from no requirement at all to a bachelors degree minimum with masters degree preferred. Most programs required or preferred at least completion of an alcoholism certificate or an associate degree. Supervisors felt that seeking education in alcoholism signalled a commitment to the field and therefore made a candidate with such training desirable.

Experience requirements also varied. Most supervisors wanted some kind of supervised experience, such as a six month internship, a year of paid, supervised experience as a counselor, or some evidence that the applicant had developed skills, particularly in group counseling and family counseling. Many programs determined a person's qualifications by combining education and experience, allowing experience to substitute for education in several cases.

Period of sobriety requirements were two years minimum in all cases but one, which required three years of ongoing sobriety for applicants who are recovering alcoholics.

Ongoing recovery programs were required as a condition of employment for alcoholics in four programs and for co-alcoholics in one program. The rest of the programs strongly encouraged, but stopped short of requiring, ongoing recovery programs for recovering alcoholic employees.

Getting Hired

Counselors were asked what training and other factors qualified them

for their first jobs as alcoholism counselors. They were also asked what influenced them to become counselors, and how they went about getting their first counseling jobs.

Training received by counselors prior to their first counseling job was extremely variable. Nine counselors had no training at all, 7 had a certificate in alcoholism or an associate degree, 8 had an internship, 11 had on the job training, 6 did volunteer work, and 5 were trained in the military.

The factor which most counselors listed as qualifying them for their first counseling job was their own recovery from alcoholism. This factor was mentioned 25 times. Education was mentioned 14 times, volunteer work 4 times, previous experience 2 times, and military training (prior to a civilian job) once.

Factors which influenced counselors to pursue a counseling career included: Their own recovery (mentioned 25 times), a desire to help others (8 times), the influence of a friend or associate (6 times), having a family member who was alcoholic (4 times), and volunteer work (1 time).

Counselors obtained their first counseling jobs in one of two ways, in most cases. Fourteen (or 36 percent) applied and were later hired, and fourteen others (another 36 percent) obtained their jobs through personal contacts. One was introduced to the job through a school program, 3 were hired because they were known to their employer as patients, 2 volunteered and were later hired, and 3 developed their own program. It may be argued that several of those who applied may have already known the employer and may therefore be considered as having been hired through personal contacts.

If this is true, personal contacts are the most common path to employment as an alcoholism counselor.

What it is Like to Be a Counselor

Asked to rate their job satisfaction on a scale from 1 to 10, counselors gave an average rating of 7.54. Asked to rate their pay on the same 1 to 10 scale, they gave an average rating of 5.25, or just below the midpoint.

The most frequently mentioned reward of working as an alcoholism counselor was the personal satisfaction of watching and/or helping people change (mentioned 29 times). Other rewards listed were the pleasure of associating with others in the field (7 times), personal growth opportunities (9 times), the challenge of the job (4 times), spiritual rewards (3 times), and pride in the occupation, pride in the organization, and opportunity for creative expression (each mentioned once).

The work of an alcoholism counselor can be hazardous in many ways, according to the counselors. Most frequently mentioned was the hazard of frustration, fatigue, or "burnout," often resulting from dealing with resistant patients. This hazard was mentioned 17 times. Ego problems, or the danger of thinking oneself superior or "God's gift to alcoholics" was mentioned 7 times. Neglecting one's own recovery was mentioned 9 times. Becoming obsessed with the job and taking it home was mentioned 8 times. Conflict with other staff, often resembling the dynamics seen in alcoholic families, was mentioned 6 times. Other factors mentioned included blaming oneself for patient failures, becoming emotionally involved and losing perspective, pressure from time demands (each mentioned 3 times), problems resulting from feelings about paperwork (2 times), becoming dependent on

patients' making changes in order to feel OK about oneself (2 times), and overidentifying with the patients and the danger of personal injury (each mentioned once).

Supervisors were also asked to list problems encountered by the counselors in their employ. They mentioned becoming emotionally involved with patients (5 times), low pay, not taking time for self-development, becoming compulsive about work, using work as a substitute program, and isolation, or keeping feelings and problems secret (twice each). Mentioned once each were "playing God," lacking a personal support system, inter-staff conflict, lack of balance between work and outside life, turnover, neglecting one's own recovery, and allowing personal problems to affect work.

Surviving the Hazards

Since the hazards mentioned above are primarily hazards to one's peace of mind, it would seem that recovery programs such as AA and Al-Anon would be ideal medicine for them. To determine if this is the case, we asked counselors to identify themselves as alcoholic and/or co-alcoholic, and whether they were AA or Al-Anon members. Sixty-nine percent of the counselors identified themselves as alcoholics, and 100 percent of these were AA members. Sixty-three percent identified themselves as co-alcoholics, but only 59 percent of these were Al-Anon members. This difference is particularly noteworthy in light of the fact that the majority of the hazards mentioned by both counselors and supervisors logically fall under the heading of co-alcoholism and should therefore be dealt with in Al-Anon.

In a similar vein, supervisors were asked to rate the importance of a recovery program for counselors who are alcoholics and for those who are

nonalcoholics. On a scale of 1 to 10, the average rating of need for a program for alcoholics was 9.36. For nonalcoholics, the average rating was 8.82.

Several useful suggestions were made by supervisors about what a supervisor can do to prevent or solve problems created by the hazards of counseling. First, they suggested taking care hiring, screening out people likely to have major problems and involving other counselors in the interviews, to improve the chances that counselors will interact well together. Next, they suggested frequent staff or team meetings, staff support groups, ample time off, encouraging continuing education, assigning one staff member to the job of coordinating staff continuing education, and encouraging an ongoing recovery program. In the event that problems erupt in spite of precautions, supervisors suggested confronting or counseling problem employees individually, doing interventions, and intensifying the staff support sessions.

Certification

Counselors were asked if they were certified as alcoholism counselors, and, if so, by whom. Twenty-two counselors, or 56 percent of the sample were certified. Of these, 68 percent were certified by the California Association of Alcoholism Counselors (CAAC), or 38 percent of the entire sample.

Summary

The findings of this survey suggest several pieces of practical advice for anyone who is thinking of becoming an alcoholism counselor:

1. Make sure that you have the right kind of personality. If you

can say, after careful, honest self-searching, that you are open-minded and flexible, care about others and can relate warmly and empathically but at the same time confront others effectively, are honest, nondefensive, and open, and possess good communications skills, then you are on the right track. You should definitely not be a counselor if you are rigid, judgemental, or controlling, if you are a "rescuer" or a "do-gooder," if you are angry and hostile, or if you have many unresolved personal problems--especially if these problems are related to continued alcohol or drug use by you or someone close to you.

2. Do not bother to look for a job as a counselor until you have been continuously sober for at least two years. This condition does not apply to nonalcoholics, but nonalcoholics should be aware that longtime participation in a recovery program such as Al-Anon will be viewed positively by employers.

3. Go to school. The best bet here is an associate degree with an emphasis on alcoholism or an alcoholism certificate program. An investment of time and energy in school will show others that you are committed to becoming a counselor.

4. Get some experience. Enroll in an internship program or become a volunteer. Get supervision from people who are good at group or family counseling.

5. Meet people who work in the field. Interview counselors and supervisors where they work to get a better idea of what the work of a counselor is like from their perspective. The knowledge will help you now, and the contacts may help you later. Remember: In alcoholism counseling, as in most

other occupations, getting hired depends on who you know more than any other factor.

6. Practice the best program of recovery you can. The work of alcoholism counseling will stress your sobriety and serenity, and you will need all the help you can get. If you find yourself reacting to alcoholics--either the patients or coworkers, you may need Al-Anon as well as AA (if you are alcoholic).

Post Script

Plans for the Future

This study was essentially a pilot project. It answered some questions, but it also suggested the need for additional research. We plan to conduct a similar study on a larger national sample and to incorporate a "tighter" research design. Open-ended questions will be minimized, and response options will be designed to accommodate the typical kinds of responses counselors and supervisors gave in the pilot study.

The results of the second study will enable us to design a pamphlet or booklet to be used by workers in the field and people contemplating entering the field. The purposes of the booklet will be to help treatment program administrators make better-informed decisions about hiring policies, job descriptions, and qualifications statements; to assist vocational counselors, students and career changers in deciding whether to pursue, or recommend pursuing, a career as an alcoholism counselor; and to make ready answers available to working counselors who are asked by their patients how they might become counselors, too. Another possible use might be to help clarify some of the knotty questions faced by certification bodies.

Anecdotal Evidence of Usefulness

Both authors have found the initial version of this paper to be very useful already. The senior author has frequently referred to the findings and given out several copies of the paper while interviewing applicants for alcoholism counselor positions. The junior author has found the paper to be even more useful as a source of information for patients involved in vocational counseling in a VA hospital, because they are interested in becoming alcoholism counselors. We are confident that the planned national study and the resultant practical booklet will be a useful and valuable tool.